

ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8585 Fax (602) 771-8689

**APPLICATION FOR A RECOVERY
WELL PERMIT (\$ 45-834.01)**

**APPLICATION FEE OF \$ 50.00 PER WELL FOR
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL
THEREAFTER IS DUE UPON FILING.**

**PERMIT FEE (SAME AS APPLICATION FEES), PLUS
NOTICE AND PUBLICATION FEES TO BE DETERMINED,
ARE DUE PRIOR TO ISSUANCE OF PERMIT.**

**PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.**

FOR OFFICE USE ONLY

Application No.: _____

Date Received: _____

1. Name of Applicant: _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ Telephone _____ Fax _____

2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and
subbasin where the facility will be located _____

3. Name of the owner(s) of the land where wellsites are located _____

Mailing Address _____

(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).

4. Legal description of the land where water will be used _____
(quarter/quarter/quarter/section, township and range)

5. The recovered water will be used for _____

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. _____
or long-term storage account number. _____

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: ¼,¼,¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼,¼,¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (We), _____, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

Telephone

Signature of owner or authorized agent

Title

Mailing Address City State Zip

STATE OF ARIZONA)
) ss.
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires: